



Illinois Department of Transportation

Inspector's Daily Report

County

Section

Route

District

Contract No.

Job No.

Project

Date _____

Initial(s)

Date

Contractor or Sub. _____

Inspected by: _____

Measured by: _____

Calculated by: _____

Checked by: _____

Weather _____

Item Code #	Fund Code (Opt.)	Item	Location	Quantity and Units	Evidence of Material Inspection (Optional)	Posted in Q Book

This is: ☐ an estimated progress measurement (item no.: _____)

☐ a final field measurement (item no.: _____)

Remarks: (e.g., instruction to Contractor, special problems, sketches with dimensions for final measurements, computations, number of persons working, hours worked) Use reverse side, if needed.